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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/298,523	
	Filing Date	April 23, 1999	
	First Named Inventor	Briles	
	Group Art Unit	1645	
	Examiner Name	N. Minnifield	
Total Number of Pages in This Submission	4	Attorney Docket Number	57909/428

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> A copy of the Notice to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Response to Restriction Requirement
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Michael L. Goldman Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1304 Fax: (585) 263-1600
Signature	
Date	August 26, 2003

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]	
I hereby certify that this correspondence is being:	
<input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop _____, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450	
<input type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____	
August 26, 2003 Date	 Signature Ruth R. Smith Typed or printed name

OIP FEE TRANSMITTAL FOR FY 2003				Complete if Known	
<div>Patent fees are subject to annual revision.</div> <div><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</div> <div>TOTAL AMOUNT OF PAYMENT (\$1,970)</div>				<div>Application Number 09/298,523</div> <div>Filing Date April 23, 1999</div> <div>First Named Inventor Briles</div> <div>Examiner Name N. Minnifield</div> <div>Art Unit 1645</div> <div>Attorney Docket No. 57909/428</div>	
METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)	
<div><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None</div> <div><input type="checkbox"/> Deposit Account: Deposit Account Number 14-1138 Deposit Account Name Nixon Peabody LLP</div> <div>The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</div>				3. ADDITIONAL FEES	
FEE CALCULATION				Large Entity Small Entity	
-1. BASIC FILING FEE				Fee Code Fee (\$)	
Large Entity Fee Code Fee (\$)				Fee Code Fee (\$)	
Small Entity Fee Code Fee (\$)				Fee Description	
1001 750 2001 375 Utility filing fee				1051 130 2051 65 Surcharge - late filing fee or oath	
1002 330 2002 165 Design filing fee				1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet	
1003 520 2003 260 Plant filing fee				1053 130 1053 130 Non-English specification	
1004 750 2004 375 Reissue filing fee				1812 2,520 1812 2,520 For filing a request for ex parte reexamination	
1005 160 2005 80 Provisional filing fee				1804 920* 1804 920* Requesting publication of SIR prior to Examiner action	
SUBTOTAL (1) (\$ 0)				1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				1251 110 2251 55 Extension for reply within first month	
Total Claims 20** = 0 X Fee Paid 0				1252 410 2252 205 Extension for reply within second month	
Independent Claims 3** = 0 X Fee Paid 0				1253 930 2253 465 Extension for reply within third month	
Multiple Dependent X Fee Paid 0				1254 1,450 2254 725 Extension for reply within fourth month	
Large Entity Fee Code Fee (\$)				1255 1,970 2255 985 Extension for reply within fifth month	
Small Entity Fee Code Fee (\$)				1401 320 2401 160 Notice of Appeal	
Fee Description				1402 320 2402 160 Filing a brief in support of an appeal	
1202 18 2202 9 Claims in excess of 20				1403 280 2403 140 Request for oral hearing	
1201 84 2201 42 Independent claims in excess of 3				1451 1,510 1451 1,510 Petition to institute a public use proceeding	
1203 280 2203 140 Multiple dependent claim, if not paid				1452 110 2452 55 Petition to revive - unavoidable	
1204 84 2204 42 ** Reissue independent claims over original patent				1453 1,300 2453 650 Petition to revive - unintentional	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent				1501 1,300 2501 650 Utility issue fee (or reissue)	
SUBTOTAL (2) (\$ 0)				1502 470 2502 235 Design issue fee	
**or number previously paid, if greater; For Reissues, see above				1503 630 2503 315 Plant issue fee	
SUBMITTED BY				Other fee (specify)	
Name (Print/Type) Michael L. Goldman				1807 50 1807 50 Processing fee under 37 CFR 1.17(q)	
Signature [Signature]				1806 180 1806 180 Submission of Information Disclosure Stmt	
Registration No. 30,727				8021 40 8021 40 Recording each patent assignment per property (times number of properties)	
Telephone (585) 263-1304				1809 750 2809 375 Filing a submission after final rejection (37 CFR 1.129(a))	
Date August 26, 2003				1810 750 2810 375 For each additional invention to be examined (37 CFR 1.129(b))	
Date August 26, 2003				1801 750 2801 375 Request for Continued Examination (RCE)	
Date August 26, 2003				1802 900 1802 900 Request for expedited examination of a design application	

SEND TO: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



PATENT
Docket No.: 57909/428

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Briles et al.)
Serial No. : 09/298,523)
Cnfrm. No. : 2114)
Filed : April 23, 1999)
For : PNEUMOCOCCAL SURFACE PROTEIN C (PspC),)
EPITOPIC REGIONS AND STRAIN SELECTION)
THEREOF, AND USES THEREFOR)

Examiner:
N.M. Minnifield

Art Unit:
1645

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RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop
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P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

In response to the February 26, 2003, written restriction requirement, applicants hereby elect SEQ ID NO: 13 (i.e., claims 34, 42, and 43) with traverse. However, applicants submit that the claimed subject matter of the different groups identified in the outstanding office action are closely related and, therefore, would require common areas of search and consideration. Accordingly, no benefit is derived from maintaining the restriction requirement and withdrawal of the restriction requirement is respectfully requested.

Respectfully submitted,

Date: August 26, 2003

Michael L. Goldman
Registration No. 30,727

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Certificate of Mailing - 37 CFR 1.8(a)	
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450, on the date below.	
<u>Aug. 26, 2003</u> Date	<u>Ruth R. Smith</u> Ruth R. Smith